

Laurel Heights Campus 3333 California Street Suite 465, Box 0848 San Francisco, CA 94143-0848 Tel: (415) 476-7407 Fax: (415) 476-7744

Postdoctoral Fellowship "Psychology and Medicine: An Integrative Research Approach" University of California, San Francisco

Program Focus. This postdoctoral program funded by NIMH focuses on the interface between Psychology and Medicine. The program provides training in theory-building research on psychological and behavioral factors in the etiology and management of health problems. Two areas of specialization are offered: stress and disease, and risk behavior. The former specialization includes the social context in which stressful events occur, cognitive appraisal processes in response to such events, physiological pathways that increase disease risk, methods for assessment of stress and disease, and interventions. The health outcomes being examined include HIV/AIDS, depression, immunological functioning, cardiovascular disease, diabetes, respiratory illnesses, reproductive health, herpes recurrence and autoimmune disease. The latter specialization covers theories of risk and decision-making regarding the initiation and maintenance of health behaviors, and cognitive behavioral models and interventions. Research includes studies of high-risk sexual behavior (especially those associated with exposure to HIV/AIDS), tobacco use and cessation, substance abuse, obesity, violence, and sociocultural and developmental influences on risk behavior and health.

<u>Program Structure</u>. Fellows will be appointed for two years. In some instances, an optional third year may be possible. It is expected that about one-third of the fellow's time will be spent in formal seminars. All fellows take a core Health Psychology Seminar and a Research Process Seminar in both years of the fellowship and may take other courses and seminars.

The remaining two-thirds of the fellows' time will be spent in research. Fellows will participate in their faculty mentor's research laboratory and will develop their own research study.

Faculty. There are 17 core faculty in the program and 40 affiliated faculty including psychologists, psychiatrists, internists, pediatricians, and sociologists. Fellows will be expected to work with a primary mentor from among the core faculty, but also with other core and affiliated faculty.

Stipend. Stipend levels are set by NIMH and depend on years of related experience. They range from \$35,568 to \$51,036.

Admissions Procedure. The program is designed to provide an extension of research training for those who have obtained a Ph.D. in Psychology. However, we will consider applicants with other doctoral degrees or with professional degrees (e.g., MDs) if they can establish their mastery of psychological theory and methods needed to undertake postdoctoral research training. In order to qualify for this federally funded grant, an applicant must be a U.S. citizen, a non-citizen national or a foreign national possessing a visa permitting permanent residence in the U.S.; having a temporary or student visa is not acceptable under this grant. However, we would be happy to consider applications of non-citizens if applicants are able to find funding individually through their own government or other sources.

Applicants should send a letter describing (1) their background, (2) area of interest, and (3) what they would like to accomplish in their postdoctoral training. A curriculum vitae should be included. Applicants should also arrange for three letters of reference to be sent directly to us. All correspondence should be addressed to:

Dr. Nancy Adler c/o Marilyn Vella University of California, San Francisco Health Psychology Program 3333 California Street, Suite 465 San Francisco, CA 94143-0848 (Zipcode for FedEx: 94118)

Tel: 415-476-7285 Fax: 415-476-7744

Email: hlthpsy@itsa.ucsf.edu

Soon after the closing date for applications, we will review all applications and identify the most competitive applicants at that time. We will ask for phone or in-person interviews to help make final decisions and to determine which faculty member would be the most appropriate to serve as a primary mentor. Final decisions will be made on the basis of the strength of the applicant, fit with the program, and maintaining a balance of interests among the fellows.

Applications are due by February 1, 2005. Fellows must begin the program by August 2005 and must have completed the Ph.D. and have supporting documentation (or other doctoral-level degree) by that time.

The Faculty of the Department of Psychiatry of the University of California, San Francisco, affirms as one of its major priorities the training of women and minorities for academic careers.

OVERVIEW OF FACULTY INTERESTS AND EXPERTISE

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| Cognitive models of risk behavior | Socioeconomic status & health | Quasi-experimental design |
| Stress & coping (secondary) | Reproductive health & STDsRisk-taking behaviors | Field research |
| Behavioral medicine | Developmental psychopathology, with focus on affective & anxiety disorders Mental/physical comorbidity Maternal depression | Psychophysiology |
| Stage models of behavior change AIDS risk reduction models Social learning theory Social diffusion theory Theories of emotion & risk taking | HIV/STDs Sexual development Sexual dysfunctions Ethics-IRB studies Behavioral epidemiology AIDS Caregiving Population dynamics of HIV/STD | Health survey research Measurement of sensitive topics |
| Stress & copingPersonality & health | Infectious diseasesHerpesSurgical proceduresPTSD | PsychoneuroimmunologyField studies |
| Neo-Sullivanian theory of social- personality development | behavior - AIDS - Tobacco use | Quasi-experimental design Field research Network-based interventions Assessment of adolescent group relations |
| Stress and Coping theoryBehavioral Medicine | Obesity Chronic stress models (i.e., Caregiving) Depression | Laboratory stressor paradigms Stress reduction interventions Field research |
| Cognitive theory of stressCoping theory | Mental healthBereavementAIDSCaregiving | Naturalistic field researchCoping interventions |
| Social learning theoryCognitive behavioral methods | Drug abuseCigarette smoking | Clinical trials Pharmacological & behavioral methods Experimental intervention |
| Cognitive and psychosocial models of health and risk behavior | Adolescent perceptions and decision-making Tobacco use Sexual behavior Health communication | Quantitative and qualitative methodology Health survey research |
| Emotion Cognitive appraisals Physiology & health | Autoimmune diseaseHIVPlacebo effects | Psychoneuroimmunology Field research Laboratory studies Experimental intervention |
| Developmental psychopathologyPsychodynamic theoryAttachment theoryTrauma | Mental health disorders of infancy and early childhood Traumatic stress disorders | Treatment outcome research Clinical studies Child observation |
| Cognitive-affective models of health & risk behaviors | Decision making in adolescents, adults & couples Effects of stress on decision making Reproductive health Adolescent health policy | Mixed qualitative/quantitative methods Field studies Experimental designs Measures development |
| Behavioral medicine Mind/body relationships | Stress, depression & inflammation | Clinical trials |
| Stress and copingEmotion | HIV/AIDS Caregiving Chronic Stress | Observational field research |
| Cognitive behavioral methods | Mood management approaches to smoking cessation | Prevention trials Treatment outcome trials Web-based randomized trials Pregnancy & postpartum depression research Bilingual Spanish-English research |
| Stress, coping & adaptationCognitive behavioral theory | Marital relationships & health Social support Infertility, arthritis, breast cancer | Laboratory observational studies Field research Clinical trials |
| Interpersonal processes Cognitive & emotional models of stress & coping | Risk behavior & violence among adolescents Parental conflict & divorce | Field research Statistics: multiple regression, path analysis Instrument development |
| | Cognitive models of risk behavior Stress & coping (secondary) Developmental psychobiology/Behavioral medicine Stage models of behavior change AIDS risk reduction models Social learning theory Social diffusion theory Theories of emotion & risk taking Stress & coping Personality & health Social learning theory Neo-Sullivanian theory of social-personality development Psychoneuroendocrinology Stress and Coping theory Behavioral Medicine Cognitive theory of stress Coping theory Social learning theory Cognitive behavioral methods Cognitive and psychosocial models of health and risk behavior Emotion Cognitive appraisals Physiology & health Developmental psychopathology Psychodynamic theory Attachment theory Trauma Cognitive-affective models of health & risk behaviors Behavioral medicine Mind/body relationships Stress and coping Emotion Social learning theory Cognitive behavioral methods Stress coping & adaptation Cognitive behavioral methods Stress, coping & adaptation Cognitive behavioral methods | Cognitive models of risk behavior Stress & coping (secondary) Behavioral medicine Developmental psychobiology/ Behavioral medicine Stage models of behavior change AIDS risk reduction models Social learning theory Necosullivarian theory of social-personality development Personality development Cognitive behavioral methods Cognitive and psychosocial models of health and risk behavior Cognitive appraisals Physiology & health Emotion Emotion Emotion Social learning theory Cognitive affective models of health & risk behaviors Emotion Developmental psychopathology, with focus on affective & anxiety disorders Mental/physical comorbidity Mental health Represended proposed and early characters of the surface of th |